


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90005 039 \*\*\*150.00

<b>DOCUMENT # P06000141638</b>	
1. Entity Name <b>MONOTEK A/C &amp; REFRIGERATION, INC.</b>	

Principal Place of Business <b>4227 SW 13TH AVE. ATTN: PEDRO DELGADO CAPE CORAL, FL 33914</b>	Mailing Address <b>4227 SW 13TH AVE. ATTN: PEDRO DELGADO CAPE CORAL, FL 33914</b>
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2. Principal Place of Business - No P.O. Box # <b>4227 SW 13TH AVE</b>	3. Mailing Address <b>4227 SW 13TH AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CAPE CORAL FLA.</b>	City & State <b>CAPE CORAL FLA.</b>
Zip <b>33914</b>	Country <b>Lee</b>
Zip <b>33914</b>	Country <b>Lee</b>

**40039736**



01292007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5778036</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DELGADO, PEDRO 4227 SW 13TH AVE. CAPE CORAL, FL 33914</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, PEDRO 4227 SW 13TH AVE. CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <b>Pedro Delgado - PEDRO DELGADO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <b>3/20/07</b> <small>Date</small>	Daytime Phone #: <b>(239) 218-1732</b> <small>Daytime Phone #</small>
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